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## BIB DATA SHEET

CONFIRMATION NO. 3303

<b>SERIAL NUMBER</b> 09/980,421	<b>FILING or 371(c) DATE</b> 04/23/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> ICT 141	
<b>APPLICANTS</b> John D Puskas, Atlanta, GA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US00/17222 06/23/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/GEORGE MANUEL/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b> LAW OFFICE OF COLLEN A. BEARD, LLC P. O. BOX 1064 DECATUR, GA 30031-1064 UNITED STATES					
<b>TITLE</b> Devices and methods for vagus nerve stimulation					
<b>FILING FEE RECEIVED</b> 4630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		